



06-30-10 12:50:13 PM

The Honorable Peter J. Roskam

○ 507 Cannon House Office Building
Washington, D.C. 20515
(202) 225-4561
(202) 225-1166 (Fax)

✓ 150 S. Bloomingdale Road, Suite 200
Bloomingdale, IL 60108
(630) 893-9670
(630) 893-9735 (Fax)

To: DONAVY / CONG AFFAIRS Fax: 703 614 7089
Date: 29 JUN 10 Phone: _____

From:

(b) (6)

Benefits concerns
-002C

Number of Pages (Including cover sheet): 1

COMMENTS: _____

PETER J. ROSKAM

6TH DISTRICT, ILLINOIS

DEPUTY WHIP

COMMITTEE ON WAYS AND MEANS

SUBCOMMITTEES:

OVERSIGHT

INCOME SECURITY AND FAMILY SUPPORT

SELECT REVENUE MEASURES



Congress of the United States

House of Representatives

Washington, DC 20515-1306

507 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-4561
(202) 225-1166 FAX

150 S. BLOOMINGDALE ROAD
SUITE 200
BLOOMINGDALE, IL 60108
(630) 893-9670
(630) 893-9726 FAX

www.roskam.house.gov

June 29, 2010

**Department of the Navy
Congressional Affairs
Fax: (703)614-7089**

Dear Congressional Liaison,

My constituent, (b) (6) has requested my office to make an inquiry regarding the status of their case.

I would greatly appreciate any information you are able to provide. If you have any further questions or need clarification please contact my staff member, (b) (6) at 630-893-9670. Thank you for your time and attention.

Very truly yours,

Peter J. Roskam
Member of Congress

PJR/av

Your signature on this document is required for assistance

Privacy Release Form

Congressman Peter Roskam, 6th Congressional District, IL

Under the Privacy Act of 1974, Federal Agencies are prohibited from releasing any information regarding an individual without written consent. Therefore, I hereby give you and your staff permission to make inquiries into my records kept by the:

(b) (6)



Military Identification Number (if applies) _____

Other numbers identifying my case _____

Types of benefits I am seeking _____

Date and Place claim was filed 13 May 2010 San Diego, CA

Please write a brief description of the problem with which you are requesting assistance (attach copies of additional documentation):

The major issue I am having is that I have served in the USN for the last 10.5 years and now that someone says that I fail to meet perform to serve standards but gives no reason and the medical system is trying to do a medical evaluation board for to see if I am fit for duty. The big Navy is saying that since I cannot get my package all the way to Washington D.C by 13 August 2010 that I have to leave the service with no compensation from the Navy. All I will get is what the VA is going to give me. Having nerve damage in both arms from shoulder to finger tips and loosing strength and the ability to do any job but administration jobs I see as a problem.

Signature

(b) (6)



Date 23 June 2010

Please return to :
Congressman Peter Roskam
150 South Bloomingdale Road, Suite 200
Bloomingdale, IL 60108



Department of Veterans Affairs

OMB Approved No. 1500-ET04
Respondent Burden: 30 minutesVA DATE STAMP
(DO NOT WRITE IN THIS SPACE)

VA/DOD JOINT DISABILITY EVALUATION BOARD CLAIM

2010 JUN 9 AM 7 20

IMPORTANT - Please read the Privacy Act and Respondent Burden on the back before completing the form.

Section I: To be completed by Military Treatment Facility referring Service member to Disability Evaluation System (DES)

(b) (6)

(b) (6)

DATE PREPARED
06/09/2010

Section II: Tell us about yourself. Please provide a contact name and address. If you are on Temporary Duty, please

(b) (6)

4. HAVE YOU EVER FILED A CLAIM WITH VA?

☐ Yes ☒ No

(If "Yes," provide file number)

(VA File Number)

5. POINT OF CONTACT NAME AND ADDRESS

6a. DID YOU SERVE UNDER ANOTHER NAME?

☐ Yes (If "Yes," go to item 6b) ☒ No (If "No," go to item 7)

6b. PLEASE LIST OTHER NAME(S) YOU SERVED UNDER

7. I ENTERED THIS CURRENT PERIOD OF ACTIVE SERVICE ON

01 / 31 / 2000
mo day yr

8. PLACE OF ENTRY

CHICAGO, IL

(b) (6)

Section III: Tell us about your military service. Enter complete information for your service.
Tell us about your reserve duty or National Guard Duty

9. ARE YOU CURRENTLY ASSIGNED TO AN ACTIVE RESERVE UNIT OR NATIONAL GUARD UNIT?

☐ Yes (If "Yes," provide date of activation below)☒ No

10a. WHAT IS THE NAME AND MAILING ADDRESS OF YOUR CURRENT UNIT?

COMMANDING OFFICER
FMC WEST LEMOORE
160 L Street
NAS Lemoore, CA 93246-5049

10b. WHAT IS THE TELEPHONE NUMBER OF YOUR CURRENT UNIT? (Include Area Code)

(559) 998-1672

Addendum to VA Form 21-0189

Block 8. Additional Conditions -- (Do you have any disabling conditions, other than those referred for the fitness for duty determination, that you feel were caused by, or aggravated by, your active military service?) Please list those disabilities below:

1. bilateral ear tinnitus
2. left ear hearing loss
3. allergic rhinitis
4. bilateral foot plantar warts
5. bilateral knee osgood schlatters disease
6. gastroenteritis
7. stomach pain
8. hypertension

(b) (6)



2018 JUN 9 PM 7 20

18 JUN 11 09PM

(b) (6)

From: (b) (6)
Sent: Friday, June 11, 2010 11:00 AM
To: (b) (6)
Cc:
Subject: APPOINTMENTS

Attachments: image001.gif



image001.gif (2 KB)

Good morning,

The following appointments are for your medical board. Please review them and call me if you have questions. All appts will be here in Mission Valley, third floor, room 3315. The address is below in my contact information. I look forward to speaking with you.

Jun 11, 2010@10:55:33

Page: 1 of 1

Patient: (b) (6)

Outpatient

Total Appointment Profile

* - New GAF Required 06/04/10 thru 03/06/13

	Clinic	Appt Date/Time	Status
1	Mv Med Comp Corey	07/16/2010@10:00	Future
2	Mv Surg Comp Robinson	07/16/2010@11:00	Future
3	Mv Comp Audio Am	07/16/2010@12:00	Future

Take care,

(b) (6)

Department of Veterans Affairs
Compensation and Pension
8810 Rio San Diego Drive
San Diego, Ca 92108
619-400-5225work
619-400-5031 Fax

PEB / DES PILOT PROGRAM INFORMATION SHEET

PEB - Physical Evaluation Board
DES - Disability Evaluation System
VA - Veterans Affairs

1. Your doctor / specialist is referring your case to PEB for adjudication - fit or unfit to continue active duty. Your case will be assigned to a Medical Board Case Manager here at Naval Medical Center, San Diego (Balboa Hospital).
2. Your Case Manager will call you to schedule an appointment to see the VA Counselor. Please be patient and wait for the call. On your appointment with your medical board case manager, he/she explain to you the medical board process, the DES pilot program, and answer any question you may have about PEB. If you have not received a phone call after 30 days, call 619-532-7493. While waiting for the phone call from your assigned case manager, make 3 copies (one-sided copy) of your medical record, 1 for PEB, 1 for VA, and 1 for yourself.
3. The VA counselor will discuss and explain to you VA claims and benefits. In order to see the VA Counselor, you must bring 2 copies (one-sided copy) of your medical record. The VA Counselor will give you counseling and schedule an appointment for your physical exam at the VA Clinic.
4. After you see the VA Counselor, you will get a phone call for your appointment at the VA Clinic (Mission Valley or La Jolla), directions to the clinic will be provided to you. You cannot cancel these appointments unless you have an emergency matter to attend to as these appointments are paid for by the Navy and Marine Corps. If you encounter any problem with your appointment, call your Medical Board Case Manager.
5. After your physical exam and other medical appointments at the VA, your Medical Board Case Manager will wait for the VA reports. While waiting for the VA physical exam reports, you need to ask / check with your chain of command status of your Non-Medical Assessment (NMA) letter. It is your responsibility to give a copy of your NMA to your Medical Board Case Manager. In addition, if Line of Duty Investigation (LODI) is required, you are responsible to get a copy of the completed LODI to your Med Board Case Manager.
6. Your Med Board Case Manager will mail your package to PEB when the following documents are received:
 - a. Copy of your medical record
 - b. VA physical exam report
 - c. Non-Medical Assessment (NMA)
 - d. LODI if applicable

JOINT DoD / VA DISABILITY EVALUATION PILOT REFERRAL

SECTION 1: MILITARY TREATMENT FACILITY (MTF) REFERRAL

(b) (6)

SECTION 2: PATIENT INFORMATION (TO BE COMPLETED BY PATIENT OR PRISONER DESIGNEE)

I understand that I am being referred to the Joint DoD / VA Disability Evaluation System Pilot process for a Review for continued military service determination and possible referral to the Department of Veterans Affairs for the evaluation and assignment of a disability rating for those medical conditions (diagnoses) that are determined to be Service connected. I further understand that I will be provided an opportunity to obtain other medical conditions before my case is referred to the VA Rating Board.

1 ☐ DO ☒ DO NOT
(see attachment)

Patient Signature

05/13/2010
MM/DD/YYYY

SECTION 3: PHYSICAL EVALUATION BOARD LIAISON OFFICER/MEDICAL BOARD CASE WORKER

1. Date Referral Received

14 MAY 2010
MM/DD/YYYY

2. DES Case ID

(For example A-00012-1)

10799

3. Service member counseled on
DoD DES Pilot08 JUN 2010
(b) (6)4. Date DES Case file forwarded to
Military Service Coordinator09 JUN 2010
MM/DD/YYYY

PEBLO / MEB Case Worker Name

(b) (6)

Signature:

08 JUN 2010
MM/DD/YYYY

SECTION 4: MILITARY SERVICES COORDINATOR (VA REPRESENTATIVE)

1. Date DES Case file received

06/09/2010
MM/DD/YYYY

2. Date Service Member Counseled on VA DES Pilot Process

06/09/2010
MM/DD/YYYY

3. Date VA / DoD Joint Disability Evaluation Form (VA Form 21-0819) Completed

06/09/2010
MM/DD/YYYY

4. Date Referred for Required Medical Exam (VA CAPRI / VERIS)

MM/DD/YYYY

5. Date DES Case file forwarded to referring Military Treatment Facility

MM/DD/YYYY

SECTION 5: MILITARY TREATMENT FACILITY (Follow-up Medical Evaluation Board Actions)

1. Date DES Case file received

MM/DD/YYYY

2. Date Narrative Summary signed
(Provider / PEBLO / MEB Case Worker)

MM/DD/YYYY

3. Date DES Case sent to MEB

MM/DD/YYYY

4. Date MEB finding completed

MM/DD/YYYY

(Medical Board)

☐ Case closed and no additional treatment required☐ Service member referred to VA for rating☐ Service member referred to VA Service Physical Examination Board

5. Date Service member notified of MEB findings

MM/DD/YYYY

6. Date DES Case file forwarded to Service PEB

MM/DD/YYYY

(PEBLO / MEB Case Worker)